=> s (IL-1ra or interleukin-1 receptor antagonist#)

L1 5227 (IL-1RA OR INTERLEUKIN-1 RECEPTOR ANTAGONIST#)

=> s (IL-1ra-R or interleukin-1 receptor antagonist related)

L2 14 (IL-1RA-R OR INTERLEUKIN-1 RECEPTOR ANTAGONIST RELATED)

=> d l2 1-12 bib ab

L2 ANSWER 1 OF 14 MEDLINE
AN 2001138840 MEDLINE
DN 21030891 PubMed ID: 11192058
TI Physical activity and plasma interleukin-6 in humans--effect of intensity
of exercise.
AU Ostrowski K; Schjerling P; Pedersen B K
CS The Copenhagen Muscle Research Centre, Rigshospitalet Afs 7652, Denmark.
SO Eur J Appl Physiol, (2000 Dec) 83 (6) 512-5.
Journal code: 100954790. ISSN: 1439-6319.
CY Germany: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 200103
ED Entered STN: 20010404
Last Updated on STN: 20010404
Entered Medline: 20010308
AB The present study included data from three marathon races to investigate
the hypothesis that a relationship exists between running intensity and
elevated concentrations of interleukin (IL)-6 in plasma. The study
included a total of 53 subjects whose mean age was 30.6 [95% confidence
interval (CI) 1.4] years, mean body mass 77.7 (95% CI 2.0) kg, mean
maximal oxygen uptake (VO2max) 59.3 (95% CI 1.4) ml x min(-1) x kg(-1),
and who had participated in the Copenhagen Marathons of 1996, 1997 or
1998, achieving a mean running time of 206 (95% CI 7) min. Running
intensity was calculated as running speed divided by VO2 max. The
concentration of IL-6 in plasma peaked immediately after the run. There
was a negative correlation between peak IL-6 concentration and running
time (r = -0.30, P< 0.05) and a positive correlation between peak IL-6
concentration and running intensity (r = 0.32, P< 0.05). The IL-1 receptor
antagonist (IL-1ra) plasma concentration peaked 1.5 h after the run and
there was a positive correlation between the peak plasma concentrations of
IL-6 and ***IL*** - ***1ra*** (***r*** = 0.39, P< 0.01). Creatine
kinase (CK) plasma concentration peaked on the 1st day after the run, but
plasma IL-6 concentration and running intensity, but did not confirm the
previous finding of a connection between IL-6 plasma concentration and
muscle damage.

L2 ANSWER 2 OF 14 MEDLINE
AN 97225342 MEDLINE
DN 97225342 PubMed ID: 9071715
TI Lipopolysaccharide-binding protein and bactericidal/permeability-
increasing factor during hemodialysis: clinical determinants and role of
different membranes.
AU Sundaram S; King A J; Pereira B J
CS Division of Nephrology, New England Medical Center, Boston, Massachusetts
02111, USA.
NC DK 45609 (NIDDK)
SO JOURNAL OF THE AMERICAN SOCIETY OF NEPHROLOGY, (1997 Mar) 8 (3) 463-70.
Journal code: 9013836. ISSN: 1046-6673.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199706
ED Entered STN: 19970620
Last Updated on STN: 19970620
Entered Medline: 19970611
AB The host response to the presence of lipopolysaccharide (LPS) is complex
and varied. Two closely related endogenous serum proteins, LPS-binding
protein (LBP) and bactericidal/permeability-increasing factor (BPI),
regulate delivery of LPS to CD14 antigen on effector cell surfaces and
modulate the host response to LPS. In the study presented here, plasma
levels of LBP and BPI were measured, predialysis, 15 min into dialysis and
postdialysis in patients dialyzed with cellulose, cellulose-tri-acetate
(CTA), and polysulfone dialyzers. Further, the association between LBP
levels and BPI release during hemodialysis and clinical and laboratory
characteristics of patients, complement activation represented by plasma
C3a levels, and monocyte cytokine production represented by interleukin-1
receptor antagonist (IL-1Ra) synthesis was also studied. Predialysis
plasma levels of LBP were 14,459 +/- 544, 13,889 +/- 1362 and 12,622 +/-
6305 ng/ml, respectively, with cellulose, CTA, and polysulfone dialyzers,
and postdialysis levels were 17,834 +/- 861, 20,979 +/- 8485 and 18,177
+/- 1656 ng/ml, respectively. Postdialysis plasma levels of LBP were
consistently higher than predialysis levels with all three dialyzers (P <
0.05). However, plasma LBP levels were not significantly different between

dialysis
with CTA (10.91 +/- 3.65 ng/mL) and polysulfone (10.73 +/- 2.24 ng/mL)
dialyzers were significantly greater (P < 0.05) than that observed with
cellulose (5.49 +/- 0.66 ng/mL). Similarly, postdialysis levels with CTA
and polysulfone were significantly greater (P < 0.05) than that observed
with cellulose dialyzers. The percentage change in BPI levels between
predialysis and 15 min was 1341 +/- 243%, 2935 +/- 1033%, and 3790 +/-
1151% for cellulose, CTA, and polysulfone dialyzers, respectively. The
changes in BPI levels from predialysis to 15 min and between pre- and
postdialysis samples were statistically significant for all three
dialyzers (P < 0.05). Postdialysis LBP:BPI ratios were 50 +/- 6%, 18 +/-
4%, and 22 +/- 6% of predialysis ratios for cellulose, CTA, and
polysulfone dialyzers, respectively. These changes were statistically
significant (P < 0.05) for all three dialyzers. There was no significant
correlation between baseline clinical or laboratory characteristics and
predialysis LBP levels. Similarly, the correlation between BPI levels at
15 min of dialysis with the clinical and laboratory characteristics was
also poor, with the exception of serum albumin (r = 0.43, P = 0.008). The
correlation between BPI levels at 15 min of dialysis with plasma LBP
levels (r = -0.29; P = 0.08), plasma C3a levels (r = -0.1; P = 0.55),
peripheral blood mononuclear cells (PBMC) content of ***IL*** -
1Ra (***r*** = 0.01; P = 0.94), and IL-1Ra production by
unstimulated (r = 0.13; P = 0.45), and endotoxin-stimulated PBMC (r =
0.32; P = 0.06) was not statistically significant. The results of this
study demonstrate that dialysis with cellulose, CTA, and polysulfone
dialyzers results in a significant increase in LBP and BPI levels. BPI
release is probably mediated by non-complement factors and may be related
to the nutritional status of the patient. The release of BPI during HD and
consequent lowering of the LBP:BPI ratio could potentially afford some
protection against endotoxin in the dialysate.

L2 ANSWER 3 OF 14 MEDLINE
AN 96416422 MEDLINE
DN 96416422 PubMed ID: 8928570
TI [Practical significance of cytokine determination in joint fluid in
patients with arthroses or rheumatoid arthritis]
Praktische Bedeutung der Zytokinbestimmung im Gelenkpunktat von Patienten
mit Arthrosen oder rheumatischen Arthritiden
AU Neidel J; Schulze M; Sova L; Imdschau J
CS Abt. fur Orthopadie, Rheumaklinik Bad Bramstedt, Medizinische Hochschul-
Journal code: 1256465. ISSN: 0044-3220.
CY GERMANY: Germany, Federal Republic of
DT Journal; Article; (JOURNAL ARTICLE)
LA German
FS Priority Journals
EM 199611
ED Entered STN: 19961219
Last Updated on STN: 20000303
Entered Medline: 19961114
AB OBJECTIVE: To determine whether the activity of cartilage-degrading
enzymes in the synovial fluid (SF) of patients with rheumatoid arthritis
and other joint diseases is correlated with the concentration of cytokines
in the SF. METHODS: Cytokines and cartilage-degrading enzymes were
determined in the SF of 97 patients with various disorders involving the
knee joints (rheumatoid arthritis (RA) n 44, osteoarthritis (OA) n 35;
meniscal trauma (Men) n 10; reactive arthritides (ReA) n 8). In these
samples we measured the concentrations of interleukin-1 alpha and beta,
IL-1-receptor antagonist (IL-1ra), IL-6, IL-8, tumor necrosis factor alpha
(TNF alpha; all by ELISA), collagenase-activity and caseinase-activity (by
substrate assays). RESULTS: With the exception of IL-1 alpha and IL-6,
cytokine-concentrations were significantly higher in RA than in OA
SF-samples (p < 0.05; ANOVA on ranks). IL-1ra, IL-6, and IL-1 beta were
correlated best with the collagenase-activity in the SF (r = 0.63; 0.57;
0.55; Spearman's rank correlation), while IL-1 beta (r = 0.53) and
IL - ***1ra*** (***r*** = 0.52) were best correlated with
the caseinase-activity in the samples. The SF-concentration of IL-1ra was
well correlated with the levels of IL-6, IL-1 beta, Il-8, and TNF alpha (r
from 0.73 to 0.66; all p < 0.005), but not with IL1 alpha. The molar ratio
of IL-1 to IL-1ra in the SF was neither correlated with the activity of
collagenase nor caseinase. IL-1 beta and IL-1ra in the SF were positively
correlated with the erythrocyte sedimentation rate (ESR). CONCLUSIONS: The
determination of IL-1 beta and IL-1ra in the SF of patients with joint
disorders as examined in this study seems to allow to a certain extent a
prediction of the collagenase- and caseinase-activity contained in the
diseased joint. We would favor

L2 ANSWER 4 OF 14 MEDLINE
AN 96188960 MEDLINE
DN 96188960 PubMed ID: 8608647
TI Significance of IL-1beta and IL-1 receptor antagonist (IL-1Ra) in
bronchoalveolar lavage fluid (BALF) in patients with diffuse

CS Second Department of Internal Medicine, Nagasaki University School of
Medicine, Japan.
SO CLINICAL AND EXPERIMENTAL IMMUNOLOGY. (1996 Mar) 103 (3) 461-6.
Journal code: 0057202. ISSN: 0009-9104.
CY ENGLAND: United Kingdom
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Priority Journals
EM 199605
ED Entered STN: 19960605
Last Updated on STN: 19960605
Entered Medline: 19960528
AB We evaluated the effect of erythromycin therapy on pulmonary function
tests and the airway inflammatory response of patients with DPB. The
number of neutrophils in BALF obtained from DPB patients was significantly
higher than that of healthy volunteers. Treatment with erythromycin (600
mg/day for 12.9+/-9.5 months (mean +/- s.d.)) significantly reduced the
total number of cells and neutrophils in the airway, and significantly
improved pulmonary function tests. The levels of IL-1beta and IL-8 were
significantly higher in DPB compared with healthy volunteers (P<0.05,
P<0.05, respectively). IL-1Ra in patients is considered to have a weak
inhibitory activity for IL-1beta, with approximately five-fold
concentration of IL-1beta compared with that in healthy volunteers
(approx. nine-fold concentration of IL-1beta). Erythromycin therapy
significantly reduced these cytokines to levels comparable to those of
healthy volunteers, and produced a trend toward reduction in the level of
IL-1Ra in BALF. The level of IL-1beta correlated significantly with the
concentration of neutrophils in BALF (r=0.72, P<0.01), as well as with the
level of ***IL*** - ***1Ra*** (***r*** =0.688, P<0.05) and IL-8
(r=0.653, P<0.05). A nearly significant or significant correlation was
observed between the concentration of neutrophils and levels of IL-1Ra or
IL-8 in BALF (r=0.526, P=0.053 or r=0.776, P<0.01, respectively). There
was also a significant relationship between FEV(1) and the concentration
of neutrophils in BALF (r= 0.524, P< 0.05). Our results suggest that the
relative amounts of IL-1beta and IL-1Ra or IL-8 may contribute, at least
in part, to the neutrophil-mediated chronic airway inflammation in
patients with chronic airway disease, and long-term erythromycin therapy
may down-regulate the vigorous cycle between the cytokine network and
neutrophil accumulation, with resultant reduction of neutrophil-mediated
inflammatory response.

TI Soluble cytokine receptors and the low 3,5,3'-triiodothyronine syndrome in
patients with nonthyroidal disease.
AU Boelen A; Platvoet-Ter Schiphorst M C; Wiersinga W M
CS Department of Endocrinology, University of Amsterdam, The Netherlands.
SO JOURNAL OF CLINICAL ENDOCRINOLOGY AND METABOLISM. (1995 Mar) 80 (3) 971-6.
Journal code: 0375362. ISSN: 0021-972X.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199504
ED Entered STN: 19950425
Last Updated on STN: 19950425
Entered Medline: 19950411
AB Cytokines have been implicated in the pathogenesis of the low T3 syndrome
during illness. This is supported by our recent observation of a strong
negative relationship between serum T3 and serum interleukin-6 (IL-6) in
nonthyroidal illness (NTI). In the last few years, soluble cytokine
receptors and cytokine receptor antagonists have been discovered in human
serum. These proteins have the potential to further regulate cytokine
activity. Therefore, we now studied the association between serum T3 and
serum levels of soluble tumor necrosis factor-alpha (sTNF alpha R p55 and
sTNF alpha R p75), soluble interleukin-2 receptor (sIL-2R), and the
interleukin-1 receptor antagonist (IL-1RA) in 100 consecutive hospital
admissions with a wide variety of nonthyroidal diseases. Patients were
divided into group A (T3, > or = 1.30 nmol/L; T4, > or = 75 nmol/L; n =
41), group B (T3, < 1.30 nmol/L; T4, > or = 75 nmol/L; n = 46), and group
C (T3, < 1.30 nmol/L; T4, < 75 nmol/L; n = 13). Serum sTNF alpha R p55,
sTNF alpha R p75, sIL-2R, and IL-1RA were lower in group A than in groups
B and C [median values; sTNF alpha R p55, 1.25, 2.25, and 3.55 ng/mL (P <
0.001); sTNF alpha R p75, 2.02, 4.56, and 7.00 ng/mL (P < 0.001); sIL-2R,
184, 259, and 272 U/mL (P = 0.0004), respectively]. Serum IL-1RA levels
were not different in the three groups (median values, 122, 193, and 258
pg/mL, respectively). Taking all patients together, a significant negative
relation was found among serum T3 and sTNF alpha p55 (r = -0.59, P <
0.0001), sTNF alpha R p75 (r = -0.55, P < 0.0001), sIL-2R (r = -0.54, P <
0.0001), ***IL*** - ***1RA*** (***r*** = -0.38, P < 0.001), and
IL-6 (r = -0.56, P < 0.0001). A remarkable high correlation (r = -0.70, P
< 0.0001) was found between serum T3 and a newly designed total score
based on the concentrations of [illegible]

regression
indicated IL-6 and sTNF alpha R p75 as independent determinants of T3
[serum T3 = 2.09-0.32ln (sTNF alpha R p75) -0.15ln (IL-6), r 0.70]. The
variability in serum T3 was accounted for 35% by changes in ln (sTNF alpha
R p75) and 14% by changes in ln (IL-6) (ABSTRACT TRUNCATED AT 400 WORDS)

L2 ANSWER 6 OF 14 MEDLINE
AN 95060548 MEDLINE
DN 95060548 PubMed ID: 7526306
TI Increased concentrations of cytokines interleukin-6 and interleukin-1
receptor antagonist in plasma of women with preeclampsia: a mechanism for
endothelial dysfunction?.
AU Greer I A; Lyall F; Perera T; Boswell F; Macara L M
CS Department of Obstetrics and Gynecology, Royal Infirmary, Glasgow,
Scotland, United Kingdom.
SO OBSTETRICS AND GYNECOLOGY, (1994 Dec) 84 (6) 937-40.
Journal code: 0401101. ISSN: 0029-7844.
CY United States
DT Journal; Article; (JOURNAL ARTICLE)
LA English
FS Abridged Index Medicus Journals; Priority Journals
EM 199412
ED Entered STN: 19950110
Last Updated on STN: 19960129
Entered Medline: 19941213
AB OBJECTIVE: To determine if plasma concentrations of defined cytokines are
increased in women with preeclampsia, and to correlate any increases with
the elevated concentrations of the vascular cell adhesion molecule
(VCAM)-1. METHODS: Twenty primigravidas with preeclampsia were compared to
20 healthy primigravidas. Plasma levels of cytokines, tumor necrosis
factor-alpha (TNF alpha), interleukin (IL)-6, IL-8, IL-1 beta, IL-1
receptor antagonist (IL-1ra), granulocyte macrophage-colony-stimulating
factor (GM-CSF), and VCAM-1, were measured by enzyme-linked immunosorbent
assay. RESULTS: Concentrations of IL-6 and IL-1ra were significantly
higher ($P < .01$) in preeclamptic women (2.56 and 251.85 pg/mL,
respectively) compared to normal pregnant patients (2.06 and 142.00 pg/mL,
respectively). There were no significant changes in concentrations of TNF
alpha, IL-8, GM-CSF, and IL-1 beta in preeclamptic patients (14.09, 50.52,
125.8, and 2.08 pg/mL, respectively) compared to normal patients (11.96,
44.46, 121.3, and 2.01 pg/mL, respectively). Serum concentrations of
VCAM-1 were increased in women with preeclampsia (preeclamptic group 841.9
+/- 49.7 ng/mL, control group 560.2 +/- 47.9 ng/mL, $t = 3.673$, $P < .001$).
Interleukin-6 and IL-1ra concentrations correlated with VCAM-1
concentrations (IL-6: $r = 0.539$, $Z = 2.9$, $P < .005$; ***IL*** -
1ra ***,*** [illegible]

underlying
leukocyte activation in this disorder. The increased cytokine
concentration may also be responsible for the endothelial adhesion that
accompanies preeclampsia.

L2 ANSWER 7 OF 14 CAPLUS COPYRIGHT 2002 ACS
AN 2001:435130 CAPLUS
DN 135:41824
TI DNA encoding human and murine ***interleukin*** - ***1*** ***receptor*** ***antagonist*** - ***related*** molecules
IN Saris, Christian M.; Giles, Jennifer; Mu, Sharon X.; Xia, Min; Bass, Michael Brian; Craveiro, Roger
PA Amgen, Inc., USA
SO PCT Int. Appl., 190 pp
CODEN: PIXXD2
DT Patent
LA English
FAN.CNT 1

PATENT NO.	KIND	DATE	APPLICATION NO.	DATE
PI WO 2001042304	A1	20010614	WO 2000-US32940	20001201

W: AE, AG, AL, AM, AT, AU, AZ, BA, BB, BG, BR, BY, BZ, CA, CH, CN, CR, CU, CZ, DE, DK, DM, DZ, EE, ES, FI, GB, GD, GE, GH, GM, HR, HU, ID, IL, IN, IS, JP, KE, KG, KP, KR, KZ, LC, LK, LR, LS, LT, LU, LV, MA, MD, MG, MK, MN, MW, MX, MZ, NO, NZ, PL, PT, RO, RU, SD, SE, SG, SI, SK, SL, TJ, TM, TR, TT, TZ, UA, UG, US, UZ, VN, YU, ZA, ZW, AM, AZ, BY, KG, KZ, MD, RU, TJ, TM
RW: GH, GM, KE, LS, MW, MZ, SD, SL, SZ, TZ, UG, ZW, AT, BE, CH, CY, DE, DK, ES, FI, FR, GB, GR, IE, IT, LU, MC, NL, PT, SE, TR, BF, BJ, CF, CG, CI, CM, GA, GN, GW, ML, MR, NE, SN, TD, TG
PRAI US 1999-170191P P 19991210
US 2000-188053P P 20000309
US 2000-194521P P 20000404
US 2000-195910P P 20000410

AB The present invention provides nucleic acid mols. encoding novel ***Interleukin*** - ***1*** ***Receptor*** ***Antagonist*** - ***Related*** (***IL*** - ***1ra*** - ***R***) polypeptides. The cDNAs encoding human and murine ***IL*** - ***1ra*** - ***R*** were cloned and the expression in several human tissues were examd. by either RT-PCR or in situ hybridization. ***IL*** - ***1ra*** - ***R*** was expressed in E. coli and mammalian cell and anti-***IL*** - ***1ra*** - ***R*** antibody was produced. The biol. activity of ***IL*** - ***1ra*** - ***R*** was assessed in transgenic mice. The invention also provides selective binding agents, vectors, host [illegible]

diagnosis, treatment, amelioration, and or prevention of diseases, disorders, and conditions assocd. with ***IL*** - ***1ra*** - ***R*** polypeptides

RE CNT 6 THERE ARE 6 CITED REFERENCES AVAILABLE FOR THIS RECORD
ALL CITATIONS AVAILABLE IN THE RE FORMAT

L2 ANSWER 8 OF 14 CAPLUS COPYRIGHT 2002 ACS
AN 1996:259086 CAPLUS
DN 124:331889
TI Significance of IL-1 beta, and IL-1 receptor antagonist (IL-1Ra) in
bronchoalveolar lavage fluid (BALF) in patients with diffuse panbronchiolitis (DPB)
AU Kadota, J.; Matsubara, Y.; Ishimatsu, Y.; Ashida, M.; Abe, K.; Shirai, R.;
Iida, K.; Kawakami, K.; Taniguchi, H., et al.
CS School Medicine, Nagasaki University, Nagasaki, 852, Japan
SO Clin. Exp. Immunol. (1996), 103(3), 461-6
CODEN: CEXIAL; ISSN: 0009-9104
DT Journal
LA English
AB We evaluated the effect of erythromycin therapy on pulmonary function
tests and the airway inflammatory response of patients with DPB. The no.
of neutrophils in BALF obtained from DPB patients was significantly higher
than that of healthy volunteers. Treatment with erythromycin (600 mg/day
for 12.sum.9.+-.9.sum.5 mo (mean .+-. s.d.)) significantly reduced the
total no. of cells and neutrophils in the airway, and significantly
improved pulmonary function tests. The levels of IL-1.beta. and IL-8 were
significantly higher in DPB compared with healthy volunteers ($P < 0.sum.05$, $P < 0.sum.05$, resp.). IL-1Ra in patients is considered to have
a weak inhibitory activity for IL-1.beta., with approx. five-fold concn.
of IL-1.beta. compared with that in healthy volunteers (approx. nine-fold
concn. of IL-1.beta.). Erythromycin therapy significantly reduced these
cytokines to levels comparable to those of healthy volunteers, and
produced a trend toward redn. in the level of IL-1Ra in BALF. The level
of IL-1.beta. correlated significantly with the concn. of neutrophils in
BALF ($r = 0.72$, $P < 0.01$), as well as with the level of ***IL*** - ***1Ra*** (***r*** - 0.688, $P < 0.05$) and IL-8 ($r = 0.653$, $P <$
0.05). A nearly significant or significant correlation was obsd between
the concn. of neutrophils and levels of IL-1Ra or IL-8 in BALF ($r = 0.526$,
$P = 0.053$ or $r = 0.776$, $P < 0.01$, resp.). There was also a significant
relation between FEV1 and the concn. of neutrophils in BALF ($r = 0.524$, P
< 0.05). Our results suggest that the relative amts. of IL-1 beta. and
IL-1Ra or IL-8 may contribute, at least in part, to the
neutrophil-mediated chronic airway inflammation in patients with
with resultant redn. of neutrophil-mediated inflammatory response.

L2 ANSWER 9 OF 14 CAPLUS COPYRIGHT 2002 ACS
AN 1995:437486 CAPLUS
TI Soluble cytokine receptors and the low 3,5,3'-triiodothyronine syndrome in
patients with nonthyroidal disease
AU Boelen, A.; Schiphorst, M. C. Platvoet-ter; Wiersinga, W. M.
CS Department of Endocrinology, Univ. of Amsterdam, Amsterdam, Neth.
SO J. Clin. Endocrinol. Metab. (1995), 80(3), 971-6
CODEN: JCEMAZ; ISSN: 0021-972X
DT Journal
LA English
AB Cytokines have been implicated in the pathogenesis of the low T3 syndrome
during illness. This is supported by our recent observation of a strong
neg. relationship between serum Te and serum interleukin-6 (IL-6) in
nonthyroidal illness (NTI). In the last few years, sol. cytokine
receptors and cytokine receptor antagonists have been discovered in human
serum. These proteins have the potential to further regulate cytokine
activity. Therefore, we now studied the assocn. between serum T3 and
serum levels of sol. tumor necrosis factor- alpha. receptors (sTNF.alpha.R
p55 and sTNF.alpha.R p75), solbule interleukin-2 receptor (sIL-2R), and
the interleukin-1 receptor antagonist (IL-1RA) in 100 consecutive hospital
admissions with a wide variety of nonthyroidal diseases. Patients were
divided into group A (T3, .gtoreq.1.30 nmol/L; T4, .gtoreq.75 nmol/L; n =
41), group B (T3, <1.30 nmol/L; T4, .gtoreq.75 nmol/L; n = 46), and group
C (T3, <1.30 nmol/L; T4, <75 nmol/L; n = 13). Serum sTNF.alpha.R p55,
sTNF.alpha.R p75, sIL-2R, and IL-1RA were lower in group A than in groups
B and C [median values: sTNF.alpha.R p55, 1.26, 2.25, and 3.55 ng/mL ($P <$
0.001); sTNF.alpha.R p75, 2.02, 4.56, and 7.00 ng/mL ($P <$ 0.001), sIL-2R,
184, 259, and 272 U/mL ($P = 0.0004$), resp.]. Serum IL-1RA levels were not
different in the three groups (median values, 122, 193, and 258 pg/mL,
resp.). Taking all patients together, a significant neg. relation was
found among serum T3 and sTNF.alpha. p55 ($r = -0.59$, $P <$ 0.0001),
sTNR.alpha.R p75 ($r = -0.55$, $P < 0.0001$), sIL-2R ($r = -0.54$, $P <$ 0.0001),
IL - ***1RA*** (***r*** -0.38; $P < 0.001$), and IL-6 ($r =$
-0.56; $P < 0.0001$). A remarkable high correlation ($r = -0.70$; $P <$ 0.0001)
was found between serum T3 and a newly designed total score based on the
summation of serum levels of IL-6 and the four sol. cytokine receptor
proteins. IL-6 and the four cytokine receptor proteins were all

The variability in serum T3 was accounted for 35% by changes in ln
(sTNF alpha R p75) and 14% by changes in ln (IL-6). In conclusion, 1)
serum T3 is neg. related to serum sTNF alpha R p55, sTNF alpha R p75,
sIL-2R, IL-1RA, and IL-6 in patients; and 2) sTNF alpha R p75 and IL-6 are
independent determinants of serum T3 in NTI, accounting for 35% and 14%,
resp., of the variability in T3. The results suggest that the sick
euthyroid syndrome is part of the acute phase response during illness
generated by activation of the cytokine network.

L2 ANSWER 10 OF 14 USPATFULL
AN 2002:5759 USPATFULL
TI Interleukin-1 receptor antagonist and recombinant production thereof
IN Ford, John, San Mateo, CA, United States
Pace, Ann, Scotts Valley, CA, United States
PA Hyseq, Inc., Sunnyvale, CA, United States (U.S. corporation)
PI US 6337072 B1 20020108
AI US 1999-348942 19990707 (9)
RLI Continuation-in-part of Ser. No. US 1999-287210, filed on 5 Apr 1999,
now abandoned Continuation-in-part of Ser. No. US 1999-251370, filed on
17 Feb 1999, now abandoned Continuation-in-part of Ser. No. US
1999-229591, filed on 13 Jan 1999, now abandoned Continuation-in-part of
Ser. No. US 1998-127698, filed on 31 Jul 1998, now abandoned
Continuation of Ser. No. US 1998-99818, filed on 19 Jun 1998, now
abandoned Continuation of Ser. No. US 1998-82364, filed on 20 May 1998,
now abandoned Continuation-in-part of Ser. No. US 1998-79909, filed on
15 May 1998, now abandoned Continuation-in-part of Ser. No. US
1998-55010, filed on 3 Apr 1998, now abandoned
PRAI WO 1999-US4291 19990405
DT Utility
FS GRANTED
EXNAM Primary Examiner: Spector, Lorraine
LREP Marshall, O'Toole, Gerstein, Murray & Borun
CLMN Number of Claims: 37
ECL Exemplary Claim: 1,15
DRWN 4 Drawing Figure(s); 4 Drawing Page(s)
LN.CNT 5025
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The present invention provides novel nucleic acids, the novel
polypeptide sequences encoded by these nucleic acids and uses thereof.
These novel polynucleotide and polypeptide sequences were determined to
be a novel Interleukin-1 Receptor Antagonist.

L2 ANSWER 11 OF 14 USPATFULL
AN 2001:163320 USPATFULL
TI Anti-interleukin-1 receptor antagonist antibodies and uses thereof
IN Ford, John, San Mateo, CA, United States
Pace, Ann, Scotts Valley, CA, United States
PA Hyseq, Inc., Sunnyvale, CA, United States (U.S. corporation)
[illegible]

now
abandoned Continuation-in-part of Ser. No. US 1999-251370, filed on 17
Feb 1999, now abandoned Continuation-in-part of Ser. No. US
1998-127698,
filed on 31 Jul 1998, now abandoned Continuation-in-part of Ser. No. US
1999-229591, filed on 13 Jan 1999, now abandoned Continuation-in-part of
Ser. No. US 1998-99818, filed on 19 Jun 1998, now abandoned, said Ser. No.
US 127698 Continuation-in-part of Ser. No. US 1998-82364, filed on 20
May 1998, now abandoned, said Ser. No. US 99818 Continuation-in-part of
Ser. No. US 1998-82364, filed on 20 May 1998, now abandoned
Continuation-in-part of Ser. No. US 1998-79909, filed on 15 May 1998,
now abandoned Continuation-in-part of Ser. No. US 1998-55010, filed on 3
Apr 1998, now abandoned
DT Utility
FS GRANTED
EXNAM Primary Examiner: Spector, Lorraine
LREP Marshall, O'Toole Gerstein, Murray & Borun
CLMN Number of Claims: 14
ECL Exemplary Claim: 1
DRWN 15 Drawing Figure(s); 14 Drawing Page(s)
LN.CNT 4656
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB The present invention provides novel nucleic acids, the novel
polypeptide sequences encoded by these nucleic acids and uses thereof.
These novel polynucleotide and polypeptide sequences were determined to
be a novel Interleukin-1 Receptor Antagonist. Also provided are
antibodies which bind the antagonist, methods of detecting the
antagonist, and kits containing the antibodies.

L2 ANSWER 12 OF 14 USPATFULL
AN 1999:132765 USPATFULL
TI Method of treatment of osteoarthritis with interleuken-1 receptor
antagonist
IN Pelletier, Jean-Pierre, St-Lambert, Canada
Martel-Pelletier, Johanne, St-Lambert, Canada
PA Arthro Lab Inc., Sherbrooke, Canada (non-U.S. corporation)
PI US 5972880 19991026
AI US 1996-612433 19960307 (8)
DT Utility
FS Granted
EXNAM Primary Examiner: Mertz, Prema
LREP ROBIC
CLMN Number of Claims: 3
ECL Exemplary Claim: 1
DRWN 2 Drawing Figure(s); 2 Drawing Page(s)
LN.CNT 745
CAS INDEXING IS AVAILABLE FOR THIS PATENT.
AB A method and a composition for the preventative treatment of
osteoarthritis comprising the periodic administration to a mammal
suffering of this disease of a composition comprising an amount of Human
recombinant Interleukin-1 receptor antagonist effective for reducing the